

2/5283

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

HAROLD GREEN JR 133A

HERE TO THERE TAXI

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 209-76-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: HAROLD GREEN JR

Telephone: (843) 810-7520

Address: 2709 SPRUIELL AVE  
CHARLESTON, SOUTH CAROLINA  
29405

Fax:

Other:

Email: HGREEN@VTSRVS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input checked="" type="checkbox"/> Request <i>EXPEDITE</i>            |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803) 896-5199

CLASS C - TAXIDATE JANUARY 16, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

HAROLD GREEN JR DBA HERE TO THERE TAXI

2. (a) Street Address of Applicant 2709 SPRUILL AVE

CHARLESTON, S.C. 29405

- (b) Mailing address, if different from street address P.O. BOX 73011

N. CHARLESTON, S.C. 29415

- (c) Telephone Number (843) 810-7520 Fed. ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:  
Month: FEB Year: 2009

<b>Assets:</b>	
Cash	1,500.00
Receivables	NONE
Real Estate	NONE
Buildings and Equipment-Net	NONE
Motor Vehicles-Net	3,500.00
Garage Equipment-Net	NONE
Machinery and Tools-Net	NONE
Supplies on Hand	825.00
Prepays and Other Assets	NONE
<b>Total Assets</b>	<b>5,225.00</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	6,436.00
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	4,940.00
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>11,376.00</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>11,376.00</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF CHARLESTON

I, HAROLD GREEN JR OWNER  
(Name of Applicant's Representative) (Title)

of HERE TO THERE TAXI, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
Application are true and correct.

SWORN TO BEFORE ME

At

This the

17

day of

Feb2009

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires:

11-3-2018

EXHIBIT C

CLASS C

TAXI

X

CHARTER

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant

HAROLD GREEN JR

For the transportation of passengers as follows:

Area to be served:

CHARLESTON COUNTY

Number of passengers:

1-6

Fares:

SET FARES OF \$5.00 ANYWHERE

DOWNTOWN \$6.00 + OUT OF DOWNTOWN

Date

FEB 9, 2009

By

OWNER

Title

Rev.10/03

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

(Applicant)

Date: FEB 9, 2009

(Applicant's Representative)

(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

HAROLD GREEN JR DBA HERE TO THERE TAXI  
(Name of Motor Carrier)

2204 P.O. BOX 73011 N. CHARLESTON, S.C. 29415  
(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance 25000/50,000/25,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

GATEWAY INSURANCE COMPANY V  
(Insurance Company Name)

PO Box 20038 St Louis, MO 63144  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

02/09/09  
Date

Edna W. Whiz  
(Authorized Insurance Company Representative)

Rev 5/07